## INSTRUCTIONS FOR UPDATING INFORMATION ON ADDRESS AND/OR NAME

<u>IMPORTANT</u>: The Clerk of Superior Court must have your most current mailing address. Pursuant to §25-322 a change of address must be submitted in writing within 10 days of the address change. This is particularly important if you are to receive support payments, restitution payments, and/or are representing yourself.

You can file this form with the Clerk's Office in the following ways:

• Take the original and one copy of the Update Information on Address and/or Name form to the Clerk of the Court along with any papers that prove your identity, such as a copy of your current driver's license to:

DOWNTOWN PHOENIX:

Clerk of the Court Family Court Filing Counter 201 West Jefferson, 1<sup>st</sup> Floor Phoenix, Arizona 85003 MESA:

Clerk of the Court Family Court Filing Counter 222 East Javelina Avenue Mesa, Arizona 85210

- Mail a copy of the Update Information on Address and/or Name form to the Clerk of the Court to either of the addresses listed above. (You may want to make a copy of the form for your records).
- Fax the Update Information on Address and/or Name form to the Clerk of the Court. For Child Support and/or Spousal Maintenance fax to 602-506-1937, Attention: File Maintenance; for Restitution fax to 602-506-5127; and for all other updates fax to 602-506-7684.

Name of Party Updating Inform		
Your Address:Your City, State, Zip Code:		
Your Telephone Number:		<del></del>
	SUPERIOR COURT MARICOPA	
Name of Petitioner/Plaintiff		ASE NUMBER:
	Α	TLAS NUMBER:
		IPDATE INFORMATION ON
Name of Respondent/Defenda	ant ?	ADDRESS and/or ? NAME
	PLEASE FILL OUT ALL NAM ADDRESS INFORMATION A TOP OF THE FORM AND FII BOTH PARTY NAMES	AT THE
2. Address and name ch payment and the cou available to the public	d if I want to legally change nanges that are not sealed or urt's automated system, and	confidential will be entered on both the support will be made public record which means it is
INFORMATION I WANT TO C	CHANGE: (PLEASE PRINT)	
My name was:		
My current name is:		
My old address was:		
My new address is:	(Street Address, City, State	te, Zip Code)
·	(Street Address, City, Stat	te, Zip Code)
My new mailing address is: (if		Street Address, City, State, Zip Code)
My new telephone number is:		
My date of birth is: (optional)_		
If there is an order for paymen	nts through the Clerk of the S	
If there is an order for paymen Restitution fax t	nts through the Clerk of the S this form to 602-506-5127;	uperior Court for:
All other updates fax this for	rm to 602-506-7684.	
I declare under penalty of perj	ury that the foregoing is true	and correct.
Executed on: Date	Signa	ature of Person Requesting Change
Interna	al use only: change made	to the following systems:
	ACS/Docket	• •